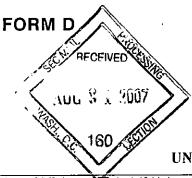


1411658



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| OMB APPROVAL |       |                        |  |  |  |  |  |
|--------------|-------|------------------------|--|--|--|--|--|
| OMB Num      |       |                        |  |  |  |  |  |
| Expires:     | Apri  | i 30,2008<br>ge burden |  |  |  |  |  |
| Estimated    | avera | ge burden              |  |  |  |  |  |
| hours per r  | espor | nse16.00               |  |  |  |  |  |

| SEC    | USE O     | VLY    |
|--------|-----------|--------|
| Prefix |           | Serial |
|        |           |        |
| DA     | TE RECEIV | ED     |
|        | [ .       |        |

| Name of Offering (1) check if this is an amendment and name has changed, and indicate change.)  |  |
|---|--|
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment   | ☐ ULOE   |
| A. BASIC IDENTIFICATION DATA  |  |
| 1. Enter the information requested about the issuer   | 07076997   |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Digitiliti, Inc.  | •                |
| Address of Executive Offices (Number and Street, City, State, Zip Code) 266 East 7th Street, St. Paul, MN 55101   | Telephone Number (Including Area Code)<br>651-925-3200 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same  | Telephone Number (Including Area Code) Same            |
| Brief Description of Business   | <del> </del>   |
| Digitiliti is a software developer and hardware integrator dedicated to the task of creating and class data storage solutions.  | d implementing open and affordable enterprise          |
| Type of Business Organization    corporation  | clease specify):  SEP 0.7 2002                         |
| Actual or Estimated Date of Incorporation or Organization: O3 O6 Actual Estin  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State  CN for Canada; FN for other foreign jurisdiction) |  |

### GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

| _ | A. | Π | E | N. | TI | 0 | N |  |
|---|----|---|---|----|----|---|---|--|
|   |    |   |   |    |    |   |   |  |

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

|                                    |               |          | •              |          | A. BASIC IDI           | ENTH     | FICATION DATA                             |            |               |          | 7.                                     |
|------------------------------------|---------------|----------|----------------|----------|------------------------|----------|---|------------|---------------|----------|--|
| 2. Enter the in                    | ıformation re | queste   | d for the fo   | llowin   | iñ:                    |          |   |            |               |          |  |
| • Each ;                           | promoter of t | the issu | er, if the is: | suer h   | as been organized w    | ithin (  | the past five years;                      |            |               |          |  |
| • Each 1                           | beneficial ow | ner hav  | ing the pow    | er to v  | vote or dispose, or di | rect th  | e vote or disposition                     | of, 10     | % or more o   | f a clas | is of equity securities of the issuer. |
| • Each o                           | executive off | icer an  | d director o   | f corp   | orate issuers and of   | corpo    | rate general and man                      | aging      | partners of   | `partne  | ership issuers; and                    |
| • Each                             | general and r | nanagi   | ng partner o   | f part   | nership issuers.       |          |   |            |               |          |  |
| Clarit Day(sa)                     |               |          | Description    |          | Danaficial Owner       |          | Executive Officer                         |            | Director      |          | General and/or                         |
| Check Box(es) th                   | пат Арріу:    | Ц        | Promoter       | <b>✓</b> | Beneficial Owner       | <b>.</b> | Executive Officer                         | <u>/</u> / | Director      |          | Managing Partner                       |
| Full Name (Last<br>Wenzel, Brad    | •             | findiv   | idual)         |          |                        |          |   |            |               |          |  |
| Business or Resi<br>266 East 7th S |               | •        |                |          | , City, State, Zip Co  | ide)     |   |            |               |          |  |
| Check Box(es) th                   | hat Apply:    |          | Promoter       |          | Beneficial Owner       | Z        | Executive Officer                         | Ø          | Director      |          | General and/or<br>Managing Partner     |
| Full Name (Last<br>Savage, Mark    |               | findiv   | idual)         |          |                        |          |   |            |               |          |  |
| Business or Resi<br>266 East 7th S |               |          |                | Street   | , City, State, Zip Co  | ode)     |   |            |               |          |  |
| Check Box(es) ti                   | hat Apply:    |          | Promoter       |          | Beneficial Owner       |          | Executive Officer                         | Ø          | Director      |          | General and/or<br>Managing Partner     |
| Full Name (Last<br>Miner, Jonatha  |               | findiv   | idual)         | ,        | ·                      |          |   | •          |               | ***      |  |
| Business or Resi<br>266 East 7th S |               |          |                | Street   | , City, State, Zip Co  | de)      |   |            | -             |          |  |
| Check Box(es) th                   | hat Apply:    |          | Promoter       | Z        | Beneficial Owner       |          | Executive Officer                         | Z          | Director      |          | General and/or<br>Managing Partner     |
| Full Name (Last<br>Miner, Pamela   | •             | findiv   | idual)         |          |                        |          |   |            |               |          |  |
| Business or Resi<br>266 East 7th S |               |          |                |          | , City, State, Zip Co  | de)      |   |            |               |          |  |
| Check Box(es) th                   | hat Apply:    |          | Promoter       |          | Beneficial Owner       |          | Executive Officer                         |            | Director      |          | General and/or<br>Managing Partner     |
| Full Name (Last                    | name first, i | findiv   | idual)         |          |                        |          | <u>, :                               </u> |            |               |          |  |
| Business or Resi                   | dence Addre   | ss (N    | lumber and     | Street   | , City, State, Zip Co  | de)      |   |            | <del></del> - |          | · · · · · · · · · · · · · · · · · · ·  |
| Check Box(es) th                   | hat Apply:    |          | Promoter       |          | Beneficial Owner       |          | Executive Officer                         |            | Director      |          | General and/or<br>Managing Partner     |
| Full Name (Last                    | name first, i | findiv   | idual)         | •        |                        |          |   |            |               |          |  |
| Business or Resi                   | idence Addre  | (1) zz   | lumber and     | Street   | , City, State, Zip Co  | de)      |   |            | <u> </u>      |          |  |
| Check Box(es) th                   | hat Apply:    |          | Promoter       |          | Beneficial Owner       |          | Executive Officer                         |            | Director      |          | General and/or<br>Managing Partner     |
| Full Name (Last                    | name first, i | findiv   | idual)         |          |                        |          |   |            |               |          |  |
| Business or Resi                   | idence Addre  | ss (N    | lumber and     | Street   | , City, State, Zip Co  | de)      |   |            |               |          |  |
|                                    |               |          | (Use bla       | nk sho   | et, or copy and use    | additi   | onal copies of this sh                    | icct, a    | s necessary   | )        |  |

|        |                      |                      | ,                         |                      | B. 1                 | NFORMAT              | ION ABOL             | T OFFERI             | NG                                      |  |                      |                      |                      |
|--------|----------------------|----------------------|---------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---|--|----------------------|----------------------|----------------------|
| 1. 1   | las the              | issuer solo          | d, or does th             |                      |                      | ll, to non-a         |                      |                      |   |  |                      | Yes                  | No<br><b>☑</b>       |
| 2. W   |                      |                      |                           |                      |                      |                      |                      |                      |   |  | <b>s</b>             | *                    |                      |
| 4. E   |                      |                      |                           |                      |                      |                      |                      |                      |   | irectly, any<br>he offering.<br>with a state | Yes<br><b>ℝ</b>      | No<br>□              |                      |
| O      | r states             | , list the na        | ame of the b<br>you may s | roker or de          | ealer. If mo         | ore than five        | e (5) persor         | ns to be list        | ed are asso                             | ciated pers                                  | ons of such          |                      |                      |
|        |                      |                      | first, if indi            | •                    | _                    |                      |                      |                      |   |  |                      |                      |                      |
| Busine | ess or l             | Residence            | Address (N                | lumber and           | d Street, C          | ity, State, 2        | (ip Code)            |                      |   |  |                      | <del></del>          | -                    |
| Name   | of Ass               | ociated Br           | oker or De                | aler                 |                      |                      |                      | <u>.</u>             |   | <u></u>                                      |                      | •                    | <u> </u>             |
| States | in Wh                | ich Person           | Listed Has                | Solicited            | or Intends           | to Solicit           | Purchasers           | <u> </u>             |   |  |                      |                      |                      |
| ((     | Check '              | 'All States          | s" or check               | individual           | States)              |                      |                      | ***************      | *********                               |  |                      | A                    | Il States            |
|        | AL<br>IL<br>MT<br>RI | AK<br>IN<br>NE<br>SC | IA<br>NV<br>SD            | AR<br>KS<br>NH<br>TN | CA<br>KY<br>NJ<br>TX | CO<br>LA<br>NM<br>UT | CT<br>ME<br>NY<br>VT | DE<br>MD<br>NC<br>VA | MA<br>ND<br>WA                          | FL<br>MI<br>OH<br>WV                         | GA<br>MN<br>OK<br>WI | MS<br>OR<br>WY       | MO<br>PA<br>PR       |
| Full N | lame (I              | ast name             | first, if indi            | ividual)             |                      | <del>, ,</del>       |                      |                      |   |  |                      |                      | ·····                |
| Busine | ess or               | Residence            | Address (1                | Number an            | d Street, C          | ity, State, 2        | Zip Code)            | <u>.,</u>            |   |  | <del></del> .        | ·                    |                      |
| Name   | of Ass               | ociated Br           | oker or Dea               | aler                 |                      | · <del></del>        |                      |                      | <del>-</del> ·                          |  |                      |                      |                      |
|        |                      |                      | Listed Has                |                      |                      |                      |                      |                      |   |  |                      |                      |                      |
| ((     | Check '              | 'All States          | or check                  | individual           | States)              |                      |                      | *,,                  | *************************************** |  |                      | □ v₁                 | ll States            |
|        | AL<br>IL<br>MT<br>RI | AK<br>IN<br>NE<br>SC | IA<br>NV<br>SD            | KS<br>NH<br>TN       | CA<br>KY<br>NJ<br>TX | CO<br>LA<br>NM<br>UT | CT<br>ME<br>NY<br>VT | DE<br>MD<br>NC<br>VA | DC<br>MA<br>ND<br>WA                    | FL<br>MI<br>OH<br>WV                         | GA<br>MN<br>OK<br>WI | MS<br>OR<br>WY       | ID<br>MO<br>PA<br>PR |
| Full N | lame (I              | ast name             | first, if indi            | ividual)             |                      |                      |                      |                      | -                                       |  |                      |                      |                      |
| Busin  | ess or               | Residence            | Address (1                | Number an            | d Street, C          | ity, State, 2        | Zip Code)            |                      |   |  |                      | · · · · · ·          |                      |
| Name   | of Ass               | ociated Br           | oker or De                | aler                 | -                    |                      |                      |                      |   |  | <u></u>              |                      |                      |
| States | in Wh                | ich Person           | Listed Has                | Solicited            | or Intends           | to Solicit I         | Purchasers           | -                    | . <u>-</u> .                            | <del> </del>                                 |                      |                      |                      |
| ((     | Check '              | 'All States          | " or check                | individual           | States)              |                      | **************       | •••••                |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,      |                      | ☐ Al                 | II States            |
|        | AL<br>IL<br>MT<br>RI | AK<br>IN<br>NE<br>SC | IA<br>NV<br>SD            | AR<br>KS<br>NH<br>TN | CA<br>KY<br>NJ<br>TX | CO<br>LA<br>NM<br>UT | ME<br>NY<br>VT       | DE<br>MD<br>NC<br>VA | DC<br>MA<br>ND<br>WA                    | FL<br>MI<br>OH<br>WV                         | GA<br>MN<br>OK<br>WI | HI<br>MS<br>OR<br>WY | ID<br>MO<br>PA<br>PR |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.  |                             |  |
|----|--|-----------------------------|--|
|    | Type of Security   | Aggregate<br>Offering Price | Amount Already<br>Sold                     |
|    | Debt   | \$ <u></u> *                | \$*  |
|    | Equity   | s <u>*</u>                  | _ \$*                                      |
|    | ✓ Common   |                             |  |
|    | Convertible Securities (including warrants)  | s <u>*</u>                  | s <u>*</u>                                 |
|    | Partnership Interests  | ·                           | \$ *                                       |
|    | Other (Specify)  |                             | s *  |
|    | Total  | 0.00                        | \$ 0.00                                    |
|    | Answer also in Appendix, Column 3, if filing under ULOE.   | *                           |  |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."             |                             | Aggregate<br>Dollar Amount<br>of Purchases |
|    | Accredited Investors   |                             | s *  |
|    | Non-accredited Investors   |                             | \$ 0.00                                    |
|    | Total (for filings under Rule 504 only)  |                             |  |
|    | •  |                             | . 3  |
| 3. | Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.   |                             |  |
|    |  | Type of                     | Dollar Amount                              |
|    | Type of Offering   | Security                    | Sold                                       |
|    | Rule 505   |                             | \$   |
|    | Regulation A   |                             | \$   |
|    | Rule 504   |                             | \$   |
|    | Total  |                             | \$_0.00                                    |
| 4  | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                             |  |
|    | Transfer Agent's Fees  |                             | \$*  |
|    | Printing and Engraving Costs   |                             | s <u>*</u>                                 |
|    | Legal Fees   |                             | \$ <del>*</del>                            |
|    | Accounting Fees  | F                           | \$*  |
|    | Engineering Fees   | _                           | \$*  |
|    | Sales Commissions (specify finders' fees separately)   | <del></del>                 | \$   |
|    | Other Expenses (identify)  | <del>-</del>                | s *  |
|    | Total  |                             | \$ 0.00 *                                  |

\*See Exhibit A

|     | Enter the difference between the aggregation and total expenses furnished in response to Paproceeds to the issuer."   | rt C - Question 4.a. This difference is                                   | s the "adjusted gross                                  | s   |
|-----|---|---|--|---|
| i.  | Indicate below the amount of the adjusted greach of the purposes shown. If the amount check the box to the left of the estimate. The proceeds to the issuer set forth in response | for any purpose is not known, furnitotal of the payments listed must equa | ish an estimate and                                    |   |
|     | •   |   | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments to<br>Others                         |
|     | Salaries and fees   | ***************************************                                   | S <u>*</u>   | _ 🗆 \$ <u>*</u>                               |
|     | Purchase of real estate   | ······································                                    |  | _ 🗆 \$*                                       |
|     | Purchase, rental or leasing and installation and equipment  | of machinery  |  | <br>\$ *                                      |
|     | Construction or leasing of plant buildings a  |   |  | - □ <u></u>                                   |
|     | Acquisition of other businesses (including to offering that may be used in exchange for the issuer pursuant to a merger)  | the value of securities involved in the                                   | nis  | *<br>*  |
|     | Repayment of indebtedness   |   |  |   |
|     | Working capital   |   |  |   |
|     | Other (specify):  |   |  | _ s <u>*</u>                                  |
|     |   |   |  | _ 🗆 <b>\$*</b>                                |
|     | Column Totals   |   |  | s0.00 *                                       |
|     | Total Payments Listed (column totals added  |   | ·  | 0.00 *  |
| 復   |   | OWA SOLD SANDERD FOR THE  |  |   |
| gn  | issuer has duly caused this notice to be signed<br>ature constitutes an undertaking by the issuer<br>information furnished by the issuer to any no                                | to furnish to the U.S. Securities and                                     | Exchange Commission, upon writt                        | ule 505, the followi<br>en request of its sta |
| su  | er (Print or Type)  | Signature /   | Date 0/  |   |
| )ig | itiliti, Inc.   | Mark  | mace 8/2   | 3/07  |
|     | te of Signer (Print or Type)  | Title of Signer (Print or Typ   | (c) ·  | <del>/ . · · · ·</del>                        |

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

|    | LE STATION OF THE STA |     |         | 12 |
|----|--|-----|---------|----|
| l. | Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?   | Yes | No<br>K |    |

### See Appendix, Column 5, for state response.

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type) | Signature             | Date       |
|------------------------|-----------------------|------------|
| Digitiliti, inc.       | Mark wa               | re 8/23/07 |
| Name (Print or Type)   | Title (Print or Type) |            |
| Mark Savage            | President             |            |

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

|       |                                |   |  | AF                                   | PPENDIX      |  |        | -  | *                          |  |
|-------|--------------------------------|---|--|--------------------------------------|--------------|--|--------|--|----------------------------|--|
| 1     | Intend<br>to non-a<br>investor | 2 I to sell ccredited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) |                                      | amount pu    | investor and rchased in State C-Item 2)  |        | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |                            |  |
| State | Yes                            | No  |  | Number of<br>Accredited<br>Investors | Amount       | Number of<br>Non-Accredited<br>Investors | Amount | Yes  | No                         |  |
| AL    |                                |   |  |                                      |              |  |        |  | m in the 110 months in 110 |  |
| AK    |                                |   |  |                                      |              |  |        |  |                            |  |
| AZ    | <u> </u>                       |   |  |                                      |              |  |        |  |                            |  |
| AR    |                                |   |  |                                      |              |  |        |  |                            |  |
| CA    |                                | ×   | 142,857 Shares *<br>Common Stock   | 1                                    | \$49,999.95  | 0  | \$0.00 |  | ×                          |  |
| со    |                                | x   | 200,143 Shares<br>Common Stock   | . ***                                | \$70,050.05  | 0.                                       | \$0.00 |  | ×                          |  |
| СТ    |                                |   |  |                                      | -            | <u> </u>                                 |        |  |                            |  |
| DE    |                                |   |  |                                      |              |  |        |  |                            |  |
| DC    |                                |   |  |                                      |              |  |        |  |                            |  |
| FL    |                                |   |  |                                      |              |  |        |  |                            |  |
| GA    |                                |   |  |                                      |              |  |        |  | <u> </u>                   |  |
| HI    |                                |   |  |                                      |              |  |        |  |                            |  |
| ID    |                                |   |  |                                      | *            |  |        |  |                            |  |
| IL    |                                | ×   | 120,000 Shares *<br>Common Stock   | 2                                    | \$42,000.00  | 0  | \$0.00 |  | <u>×</u>                   |  |
| IN    |                                |   | Common Stock*  | ·                                    | *            |  |        |  |                            |  |
| IA    |                                | ×   | Common Stock*<br>99,999 Shares   | 2                                    | \$34,999.65  | 0  | \$0.00 |  | ×                          |  |
| KS    |                                |   |  |                                      |              |  |        |  | <u> </u>                   |  |
| KY    |                                |   |  |                                      |              |  |        |  |                            |  |
| LA    |                                |   |  |                                      |              |  |        |  |                            |  |
| ME    |                                |   |  |                                      |              |  |        |  |                            |  |
| MD    |                                |   |  |                                      |              |  |        |  |                            |  |
| MA    |                                |   | *  |                                      | *            |  |        |  |                            |  |
| MI    |                                | ×   | 58,571 Shares<br>Common Stock  | -                                    | \$20,499.85  |  | \$0.00 |  | X                          |  |
| MN    |                                | ×   | 19,274,694 Shares<br>Common Stock  | 111                                  | \$6,746,143. | 0  | \$0.00 | <u> </u>   | ×                          |  |
| MS    |                                |   |  |                                      |              |  |        | <u> </u>   |                            |  |

|       |                                |   |  | APP                                  | ENDIX  |  |        |     | · · · · · · · · · · · · |
|-------|--------------------------------|---|--|--------------------------------------|--|--|--------|-----|-------------------------|
| 1     | Intend<br>to non-a<br>investor | 2 I to sell ccredited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) |                                      | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |  |        |     |                         |
| State | Yes                            | No  |  | Number of<br>Accredited<br>Investors | Amount   | Number of<br>Non-Accredited<br>Investors | Amount | Yes | No                      |
| МО    |                                |   |  |                                      |  |  |        |     |                         |
| МТ    |                                |   |  | -                                    |  |  |        |     |                         |
| NE    |                                |   |  |                                      |  |  |        |     |                         |
| NV    |                                | ×   | 150,000 Shares *<br>Common Stock   | 1                                    | \$52,500.00  | 0  | \$0.00 |     | ×                       |
| NH    |                                |   |  |                                      |  |  |        |     |                         |
| NJ    |                                |   |  |                                      |  |  |        |     |                         |
| NM    |                                |   |  |                                      | , to   |  |        |     |                         |
| NY    |                                | ×   | 214,286 Shares *<br>Common Stock   | 1                                    | \$75,000.10  | 0  | \$0.00 |     | ×                       |
| NC    |                                |   |  |                                      |  |  |        |     |                         |
| ND    |                                |   |  |                                      |  |  |        |     |                         |
| ОН    |                                |   |  |                                      |  |  |        |     |                         |
| ок    |                                |   |  |                                      |  |  |        |     |                         |
| OR    |                                |   |  |                                      |  |  |        |     |                         |
| PA    |                                |   |  |                                      |  |  |        |     | <u> </u>                |
| RI    |                                |   |  |                                      |  |  |        |     | 1                       |
| SC    |                                |   |  |                                      |  |  |        |     |                         |
| SD    |                                |   |  |                                      |  |  |        |     |                         |
| TN    |                                |   |  |                                      |  |  |        |     |                         |
| TX    |                                |   | *  |                                      | *  |  |        |     |                         |
| UT    |                                | ×   | 600,000 Shares<br>Common Stock   | 4                                    | \$210,000.00   | 0  | \$0.00 |     | ×                       |
| VT    |                                |   |  |                                      |  |  |        |     |                         |
| VA    | V.V.                           |   |  |                                      |  |  |        |     |                         |
| WA    |                                |   |  | <del></del>                          |  | ,  |        |     |                         |
| 11/1/ |                                | 11  | u  |                                      |  |  | ı      | 1   |                         |

421,428 Shares Common Stock

WV

wı

\$174,499.80 <sup>\*</sup>

\$0.00

| APPENDIX |  |    |  |  |        |  |   |                                     |    |
|----------|--|----|--|--|--------|--|---|-------------------------------------|----|
| 1        | 2  |    | 3  | 4 .  |        |  |   | 5 Disqualification under State ULOE |    |
|          | Intend to sell<br>to non-accredited<br>investors in State<br>(Part B-Item I) |    | Type of security and aggregate offering price offered in state (Part C-Item I) | Type of investor and amount purchased in State (Part C-Item 2) |        |  | (if yes, attach<br>explanation of<br>waiver granted)<br>(Part E-Item 1) |                                     |    |
| State    | Yes  | No |  | Number of<br>Accredited<br>Investors                           | Amount | Number of<br>Non-Accredited<br>Investors | Amount  | Yes                                 | No |
| WY       |  |    |  |  |        |  |   |                                     |    |
| PR       |  |    |  |  |        |  |   |                                     |    |

### EXHIBIT A

Pursuant to an Agreement and Plan of Merger ("Merger Agreement") completed on August 17, 2007 (the "Effective Time"), Digitiliti, Inc., a Delaware corporation ("Digitiliti"), acquired Storage Elements, Inc., a Minnesota corporation ("Storage"), and pursuant to the Merger Agreement, each of the 21,281,978, more or less, issued and outstanding shares of common stock of Storage have been converted into the right to receive one (1) share of Digitiliti on a one to one basis. All stock options, warrants, convertible debt, other convertible securities or other rights to acquire shares of Storage outstanding at the Effective Time, whether or not exercisable and whether or not vested shall remain outstanding following the Effective Time but shall be assumed by Digitiliti and shall continue to have, and be subject to, the same terms and conditions as set forth in the underlying convertible securities documents but will be convertible into shares of common stock Digitiliti. There was no cash consideration involved in this transaction.

The transaction was a "reverse merger," and the estimated value of the Storage common stock was approximately \$0.35 per share, based on prior private placements to its shareholders, all of whom were "accredited investors."

The securities are being exchanged only in a merger pursuant to Section 368(a)(1)(A) and (a)(2)(B) of the Internal Revenue Code of 1986, as amended.

